

(1) PLACE OF BIRTH

County of Spaulding
Township of Spaulding
or
Inc. Town of Whitney
or

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79352Registration District No. 4008Registered No. 683
(For use of Local Registrar)City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Benjamin Grady Stafford If child is not yet named, make supplemental report as directed

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|-----------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept. 29</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------|

FATHER.

(8) FULL NAME Dan Stafford

(9) PRESENT POSTOFFICE OF FATHER Whitney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Medina Co N.C.

(13) OCCUPATION Mill Hand

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Greene

(15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Jackson Co N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was born at 4 a M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. H. Chapman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Whitney S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Sept 30 1916 (28) E. F. Parker Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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